

Meadow Heights
Health Care and Emergency Information

Date _____ Teacher/Grade _____

Student's Name _____ Birthdate _____

Home Phone _____ Cell Phone _____

Do you carry: Medicaid ☐ MC + ☐ Private Insurance ☐ No Insurance ☐

In case of illness or accident, where can parents be reached?

Name Place of Employment Phone Number

Father _____

Mother _____

Please list three neighbors or relatives who live nearby who will assume temporary care of your child if you can not be reached: (Please do not list people who live in St. Louis)

1. Name _____ Relation to child _____ Phone # _____

2. Name _____ Relation to child _____ Phone # _____

3. Name _____ Relation to child _____ Phone # _____

Doctor _____ Address _____ Phone # _____

Dentist _____ Address _____ Phone # _____

If you do not have a Dentist or Medical Doctor do you need assistance finding a physician for your child? Yes ☐ No ☐

Allergies? (Bees, medication, etc.) Please list _____

Is student on any medication? (Please list) _____

Please check if your child has a health problem related to any area listed below.

<input type="checkbox"/> Asthma	<input type="checkbox"/> Seizures	<input type="checkbox"/> Eyes	<input type="checkbox"/> Hearing
<input type="checkbox"/> Ears	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Bleeding
<input type="checkbox"/> Eating	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Bowel	<input type="checkbox"/> Bladder
<input type="checkbox"/> Bedwetting	<input type="checkbox"/> Dental	<input type="checkbox"/> Skin	<input type="checkbox"/> Menstruation
<input type="checkbox"/> Phobias (fears)	<input type="checkbox"/> Blood Pressure	<input type="checkbox"/> Lungs	<input type="checkbox"/> Orthopedic
<input type="checkbox"/> Neurologic	<input type="checkbox"/> Headaches	<input type="checkbox"/> Blood disorder	Explain: _____

OVER

Acetaminophen Standing Order and Protocol

Acetaminophen will be given only after the school nurse has seen and assessed the student. Acetaminophen will be administered if/for minor headache, minor pain relief, or parent request. Only a single dose will be given at school. If the student would require a second dose, they would be sent home. It will not be given for elevated temperature. If a child's temperature is above 99.9, they will be sent home. The dosage is 325 mg for a child 5-10 years of age, and 325-650 mg for a child 11 years to adult. The school will notify parents, in advance when possible, that medication is to be given so parents are aware of their child complaint.

Antibiotic Ointment Standing Order and Protocol

Antibiotic ointment will be applied to the student by the school nurse or someone appointed by her. Students will be assessed by the nurse prior to application of ointment. It will be administered for minor abrasions, cuts or minor wounds. Only a single dose will be given.

I hereby give my permission for my child to receive acetaminophen and antibiotic ointment according to the standing orders and protocols of Meadow Heights School District

Student's Name _____ Grade _____

Parent/Guardian Signature _____

Date _____

(If you do not wish your child to receive one or both of the above please specify) Please return to Patti Kamp, School Nurse

Medications

All medications will be administered by the school nurse or someone appointed by her. Medication will not be given to students without consent from the parent and an order from a physician. If the medication is a prescription, the label off of the prescription bottle can serve as the doctor's order. Medication needs to be in bottle obtained from pharmacy before it will be administered at school, with updated order on bottle. The pharmacy can give you two containers, one for school and one for home. If the medication is taken daily at school, an order and signature from physician and permission from guardian/parent needs to be kept in students file. I do have pre-written forms for that you can use. If the medication is something that you buy over the counter, it requires a written prescription from the doctor and written permission from parent/guardian. At the beginning of each school year, a new prescription would be required.

All medication will be kept in the nurse's office, in a locked cabinet. Students are not to self-administer an medication. The only exception to this is children who have asthma and must carry their inhalers with them at all times. These children must have a copy of the inhalers prescription label of file with the nurse.

We have obtained standing orders from a physician for the administration of acetaminophen (tylenol) and antibiotic ointment. If you wish your child to be able to receive these, we must have your permission on file. I have forms that require only your signature. These are for the current school year and must be resigned yearly.

Acetaminophen will be given for a minor headache, minor pain relief, or per parent request. Only a single dose will be given at school. If the child would require a second dose, they would be sent home. Acetaminophen will not be given for an elevated temperature above 99.9, they will be sent home. The amount of acetaminophen to be given is 325 mg. for children 5-10 years of age, and 325-650 mg for children 11 years to adult.

Antibiotic ointment will be used only for minor abrasions, cuts or minor wounds. Only a single dose will be given.

Diagnosis or treatment beyond first-aid procedures is not the responsibility of the school. The school district retains the right to reject requests for administering medication. The parent/guardian of the student must assume responsibility for informing school personnel of any change in the student's health or change in medication.

Any question please call, 866-2611.

Patti Kamp RN
School Nurse